SECTORAL BRIEF

# WOMEN AND HEALTH IN SOUTH SUDAN

UN WOMEN

Photo: UN Women/Christian Mulumba

## Introduction

In 2022, the National Ministry of Gender, Child and Social Welfare (MGCSW), in collaboration with the UN Women South Sudan Country Office, undertook a Study to develop the Country Gender Equality Profile (CGEP) for the Republic of South Sudan. The Study built on several initiatives by the two institutions, which have been working closely with relevant Government ministries, civil society organisations, women groups, academia, and other development partners to promote gender equality and women's empowerment and governance.

The country gender equality profile for South Sudan examined the current status of gender equality, leadership and political participation, women's rights, social justice and civic space, and customs and traditions. It also assessed human and capital development and several social, economic, and development sectors, including education, health, agriculture and environment and how the country is complying with national, regional and international policies and normative standards on women's rights and gender equality.

Findings reveal that South Sudan has made significant strides in domesticating and implementing gender equality policies and programmes. The country is transitioning and implementing the peace agreement, the Revitalized Agreement for Resolution of Conflict in South Sudan (R-ARCSS). Citizens are aware of the gender rights provided and actively participate in implementing peace. Yet, women remain constrained by structural and institutional hurdles in various sectors.

This brief on women and health assesses, analyses and concludes the effects of armed conflict on women and calls for the promotion of gender equality and women's rights by allocating sufficient funding for implementing gender-responsive policies, programmes and plans to improve the lives of women, girls, men, and boys. The brief provides key recommendations and areas of interventions to be addressed by various government sectors, development partners, UN agencies, and civic groups focusing on legal framework, institutional structures, and socio-economic development.

## Background

Regarding health and well-being, South Sudan was rated with the worst health indicators globally due to severe shortages of health workers and poor functioning health facilities.[1]

The Human Development Report of 2015 ranked South Sudan as number **169 out of 188 countries** and territories for human development.[2]

South Sudan has a maternal **mortality ratio of 789 deaths per 100,000 live births.**[3] According to the National Health Cluster, these indicators have worsened following the crisis with the looting and destruction of most health facilities and displacement of populations into congested persons of concern (PoC) sites and IDP settlements.

Those who live among host communities face further strains on limited WASH facilities, exposing the affected populations to more significant health risks.

The current data from UNAIDS South Sudan, 2019, estimates about 190,000 adults and children live with HIV.

This includes 180,000 adults aged 15 and above live with HIV

3%

women aged 15 and over living with HIV are estimated at 110,000 (3%),

2.1%

and men aged 15 and over living with HIV make 73,000 (2.1%)) putting women and girls at high risk of contracting the virus.[4]

This prevalence can be attributed to early and forced marriages and sexual violence, especially conflict-related sexual violence, as indicated in the report of the UN Human Rights Commission of March 21, 2022.[5]

The government of South Sudan is responsible for providing leadership to strengthen the health system and improve the effective delivery of health services, especially for sexual and reproductive health. Strengthening the national health system necessitates reforms in the health sector, including health policies, institutional structures, and capacities for better health service delivery.

Article 31 of the Transitional Constitution of the Republic of South Sudan, 2011, as amended, provides for health rights.[6] In 2019, South Sudan developed and adopted a National Health Policy 2016-2026 that defines new paradigms for health service delivery, health financing, strategic information, leadership and governance, human resources for health, and access to essential medicines to ensure improved health services.

[1] Ministry of Health, Republic of South Sudan (2012). Health Sector Development Plan 2012-2016.

[2] UNDP (2015). Human development report: country note for South Sudan. Accessed https://hdr.undp.org/data-center/country-insights#/ranks

[3] UNFPA more mothers die from pregnancy and child birth http://www.xinhuanet.com/english/2019-07/12/c_138221812.htm#:~:text=Juba%2C%20July%2012%20(Xinhua),deaths%20per%20100%2C000%20live%20births. World Health Organisation. Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organisation; 2015.

[4] UNAID HIV/AIDS Report 2019 https://www.unaids.org/en/regionscountries/countries/southsudan

[5] UN News (2022). South Sudan: 'hellish existence' for women and girls, new UN report reveals https://news.un.org/en/story/2022/03/1114312

[6] Transitional Constitution of the Republic of South Sudan 2011, as amended.

## 4.7%

South Sudan has a **contraceptive prevalence** rate of just 4.7 per cent,

## 34.5%

and a **teenage pregnancy rate** of 34.5 per cent.[7]

These indicators highlight the gravity of the sexual and reproductive health (SRH) situation in South Sudan. However, reliable data disaggregated by state and ethnic groups are unavailable and the SRH situation is relatively similar throughout the country and across all ethnic groups.

## 27.7 Billion

The 2022 national **health budget** increased from 4.1 billion to 27.7 billion SDG from 2021.

However, continued sporadic insecurity incidences in many parts of the country have weakened the national health system and have left the country with some of the worst health indicators. The country faces severe shortages of health workers,[8] poorly functioning health facilities, and low or no pay for health workers. Medical workers and staff often carry out sit-down strikes, including at Juba Teaching Hospital.[9]

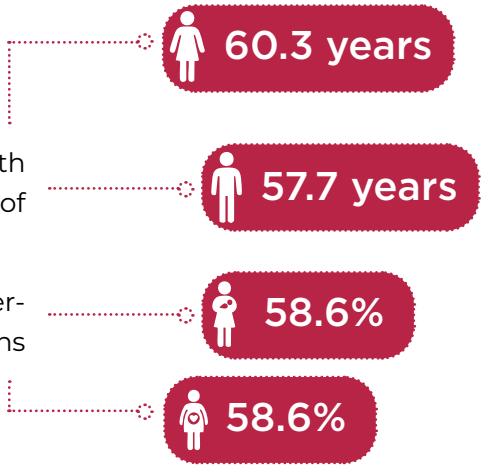
## 789 deaths

Furthermore, there are increasing infant mortality rates of newborn babies and children under five years, with an increased **maternal mortality** ratio of 789 deaths per 100,000 live births.[10]

## 58.6 years

The **mortality age** is 58.6 years, with females having a life expectancy of 60.3 years and males 57.7 years.

The **infant mortality** rate of under-five is 58.7 per cent, while for deaths at live birth is 58.6 per cent.[11]




[7] Ministry of Health, Republic of South Sudan (2011). South Sudan National Reproductive Health Strategic Plan, 2011-2015. South Sudan: Ministry of Health.

[8] Ministry of Health, Republic of South Sudan. Health Sector Development Plan 2012–2016. South Sudan: Ministry of Health; 2012.

[9] Okuj Obaj (2021). Over 100 medical personnel go on strike at Juba Teaching Hospital. Accessed https://eyeradio.org/over-100-medical-personnel-go-on-strike-at-Juba-teaching-hospital/#:~:text=Over%20100%20medical%20personnel%20go%20on%20strike%20at%20Juba%20Teaching%20Hospital,-Author%3A%20Obaj%20Okuj&text=Doctors%20and%20health%20workers%20have,incentives%20and%20other%20unpaid%20arears.

[10] World Health Organisation. Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organisation; 2015.

[11] Worldometer. South Sudan Population. Accessed https://www.worldometers.info/world-population/south-sudan-population/

The HIV Prevalence of women and girls shows women and girls are more at risk of contracting the virus due to early and forced marriages and sexual violence, especially conflict-related sexual violence, as indicated in the UN Human Rights Commission report of March 21, 2022.

**Challenges Affecting Women's Health**

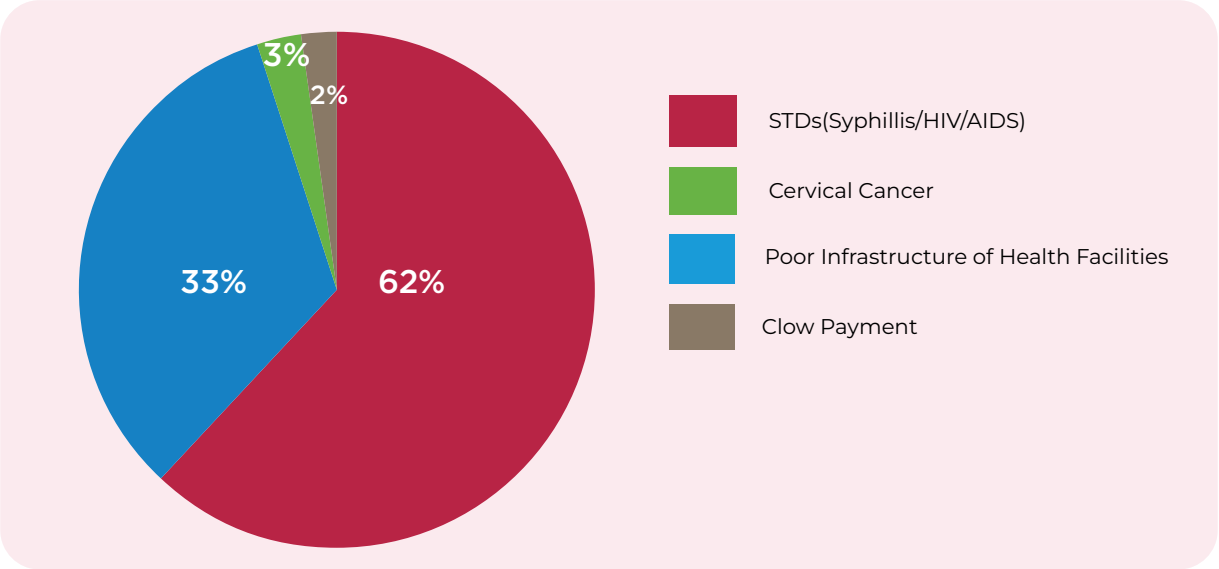



Figure 1: Chart showing the Challenges Affecting Women's Health

**Role of Government in Improving Health**

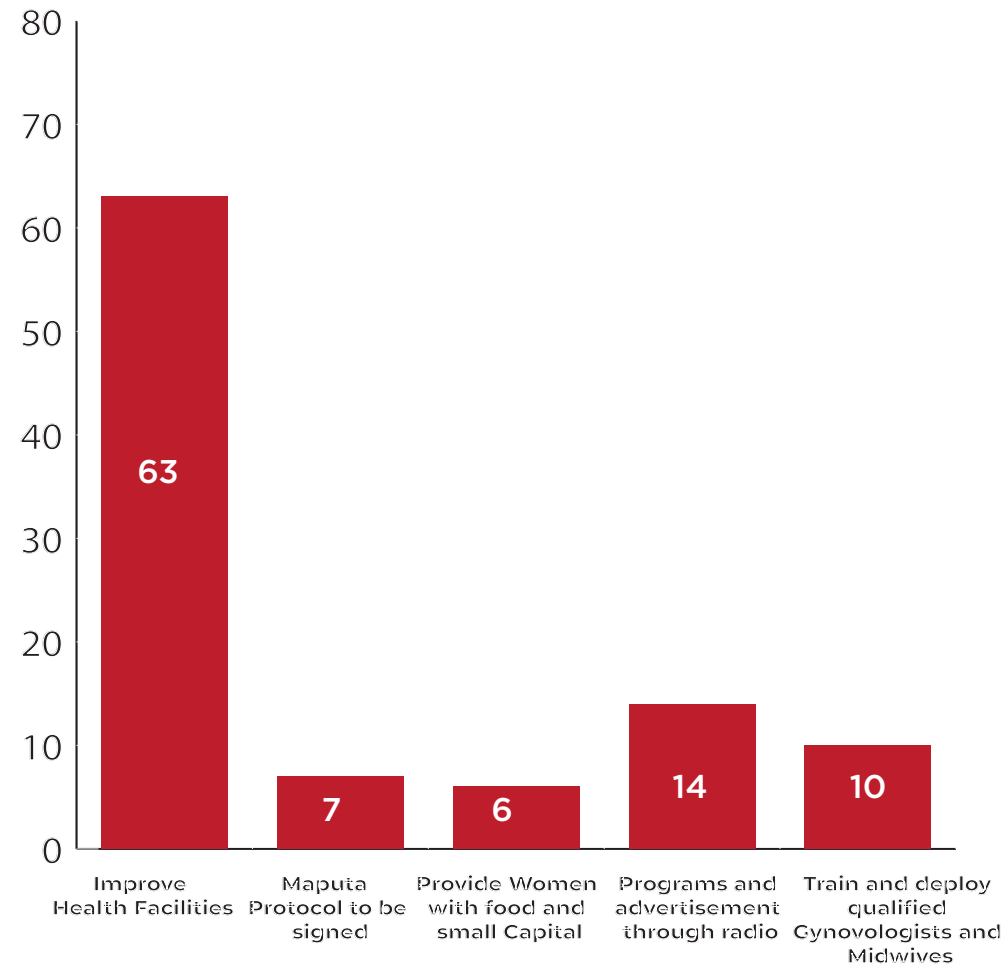



Figure 2: Role of Government in Improving Health

[12] UNAID HIV/AIDS Report (2019). Accessed https://www.unaids.org/en/regionscountries/countries/southsudan

[13] South Sudan: 'hellish existence' for women and girls, new UN report reveals. Accessed https://news.un.org/en/story/2022/03/1114312

## Findings


- On reproductive health, one in five women of reproductive age (15-49 years) has unmet needs for spacing or limiting childbirth due to lack of access to family planning services. This has been majorly due to the culture that views women's role as childbearing, and therefore, any family planning is against the culture.

- Girls are often reminded, while on their first menstrual period, of the importance of getting married or giving birth. This culture contributed to increasing child marriages, with an estimated 52 per cent of girls getting married by the age of 18.

## Gaps and Challenges

- A total of 61 per cent of the respondents lack knowledge about government programs, policies and laws on women's access to health, while 39 per cent are aware of policies, programs and laws. Of the 81 per cent of those knowledgeable of the policies, programs and laws on family planning, 12 per cent mentioned the national health policy 2016-2025, while 8 per cent know of the government policy on immunisation or vaccination.
- Respondents were asked about the presence of health facilities for women in their communities. About 76 per cent noted lack of health facilities for women in their community, while only 24 per cent indicated the presence of health facilities. According to respondents, these facilities include, in order of ranking, primary health units, private clinics, military health centres and maternity health units run by INGOs. The 2020 UNOCHA report shows the existence of 1,900 medical centres as of 2017. At the time of the Study, there was only one women's hospital in Juba.

## Recommendations to the Government of South Sudan

The government needs to prioritise health and especially women's health, by improving accessible and affordable reproductive health facilities for women and children. Increasing the health budget is important, but making the health budget gender-sensitive is a key priority.

Increase the national health budget and ensure a sufficient amount caters to women's maternal health needs. This budget should be used to constrict maternal health units for mothers and national women's referral hospitals.

Increase female medical staff recruitment and training, including gynaecologists, midwives, and nurses.